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on offection of information unless it displays a valid OMB control number.

CLAIMS AS FILED - PART	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE (37 CFR 1.16(a)) TOTAL CLAIMS 2 A S	
## FOR NUMBER FILED NUMBER EXTRA RATE FEE ### BASIC FEE ### (37 CFR 1.16(a)) **TOTAL CLAIMS************************************	E
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TOTAL CLAIMS OR X S =	
INDEPENDENT CLAIMS / OR X \$=	
(37 CFR 1.16(b))	
MULTIPLE DEPENDENT CLAIM PRESENT (37 C-R 1.1047)	
* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL	
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• If the entry in column 1 is less than the study in column 2. The second of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". • If the "Highest Number Previously Paid For" (This column 1) is the highest number found in the appropriate box in column 1.	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.